

Application Data Sheet

Application Information

Application number::
Filing Date:: 09/24/03
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??:
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: 1,3,5-Triazines for Treatment of Viral Diseases
Attorney Docket Number:: 021227-000310US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: 7
Total Drawing Sheets:: 15
Small Entity?:: Yes
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Richard
Middle Name::
Family Name:: Daifuku
Name Suffix::
City of Residence:: Mercer Island
State or Province of Residence:: WA
Country of Residence:: US
Street of Mailing Address:: 9270 SE 36th Place
City of Mailing Address:: Mercer Island
State or Province of mailing address:: WA
Country of mailing address::
Postal or Zip Code of mailing address:: 98040

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Russian Federation
Status:: Full Capacity
Given Name:: Alexander
Middle Name::
Family Name:: Gall
Name Suffix::
City of Residence:: Woodinville
State or Province of Residence:: WA
Country of Residence:: US
Street of Mailing Address:: 20051 170th Avenue, NE
City of Mailing Address:: Woodinville
State or Province of mailing address:: WA

Country of mailing address::

Postal or Zip Code of mailing address:: 98072

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Russian Federation

Status:: Full Capacity

Given Name:: Dmitri

Middle Name::

Family Name:: Sergueev

Name Suffix::

City of Residence:: Kirkland

State or Province of Residence:: WA

Country of Residence:: US

Street of Mailing Address:: 12025 131st LN NE, #E200

City of Mailing Address:: Kirkland

State or Province of mailing address:: WA

Country of mailing address::

Postal or Zip Code of mailing address:: 98034

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/413,337	09/24/2002

Foreign Priority Information

Country::

Application number::

Filing Date::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::